

Picture Prognosis

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A 66-year-old woman with longstanding B-cell non-Hodgkin lymphoma and steroid-dependent oral lichen planus develops progressive dyspnea, cough, and severe obstructive ventilatory impairment. Imaging shows hyperinflation and diffuse bronchiectasis. At autopsy, bronchioles demonstrate epithelial detachment, peribronchiolar fibrosis, and luminal narrowing or complete occlusion without organizing pneumonia. What is the most likely diagnosis?

1. Bronchiolitis obliterans
2. Bronchiectasis
3. Paraneoplastic pemphigus
4. Cytomegalovirus pneumonitis

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Answer: Bronchiolitis obliterans

Autopsy demonstrated fibrotic change around small bronchioles with marked luminal narrowing and complete occlusion, which the report identified as bronchiolitis obliterans. The patient also had progressive obstructive ventilatory impairment and respiratory failure. Paraneoplastic pemphigus was specifically investigated because of the patient's lymphoma and mucocutaneous disease. However, testing for antibodies associated with paraneoplastic pemphigus and other blistering disorders was negative, and the skin findings were histologically consistent with lichen planus instead. CMV-positive cells were identified only in a small portion of the right middle lobe at autopsy. The widespread bronchiolar fibrosis and obstruction responsible for the chronic progressive respiratory disease were diagnosed as bronchiolitis obliterans. Chest CT did show diffuse bronchiectasis and mild bronchial wall thickening, but these imaging findings did not account for the definitive autopsy finding of fibrotic narrowing and obliteration of the bronchiolar lumens.